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CENTRAL INTELLIGENCE AGENCY

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INFORMATION REPORT

REPORT

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COUNTRY USSR

DATE DISTR. 6 Oct 1948

SUBJECT Medical Science

NO. OF PAGES 17

PLACE
ACQUAINTED
FURNISHED

NO. OF ENCLS.
(LISTED BELOW)

DATE OF INFORMATION 1947

SUPPLEMENT TO
REPORT NO.

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SOURCE Russian periodical, Sovetskoye Zdravookhraneniye, No 6, 1947. (FIB Per
Ab 22458 -- Translation specifically requested.)

DATA ON THE THIRD CONFERENCE FOR THE STUDY OF THE
MEDICO-SANITATION CONSEQUENCES OF THE WAR AND MEASURES
FOR THEIR ERADICATION

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The conference was convened by the Committee to Study the Medico-Sanitation Consequences of the War with the participation of the Presiding Council of the Academy of Medical Sciences USSR, the Institute of Public Health and the History of Medicine of the Academy of Medical Sciences USSR, in Moscow from 14-17 May 1947.

Among the participants in the conference were N.N. Anichkov, president of the Academy of Medical Sciences USSR; N.A. Semashko, member of the Presiding Council of the Academy; A.N. Sytin, B.A. Lavrov, M.K. Ignatov, P.A. Kuyshinikov, I.D. Strashin, active members of the Academy; L.M. Shebed, V.D. Chaklin, G.A. Batkis, corresponding members; M.I. Kovalenok, Minister of Public Health of the Belorussian SSR, and M.E. Shukhman, Deputy-Minister of Public Health of the Latvian SSR; professors, scientists, and practitioners from Moscow, Leningrad, Kharkov, Odessa, Riga, Minsk, Stalin-grad, Sverdlovsk, Archangel, Kalinin, Yaroslavl, Rostov-on-the-Don, and a great many other cities and regions of the Moscow Oblast. In all, more than 250 persons took part in the conference. N.A. Semashko, chairman of the committee, presided.

The agenda of the conference included the following problems:
(1) sanitation consequences of the war and their eradication; (2) cardiovascular diseases as consequences of the war and measures for their control;
(3) tuberculosis in the postwar period; (4) clinical course, morbidity

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and death rates of cancer cases during the war and postwar periods; (5) organization of aid for disabled veterans of World War II.

I. SANITATION CONSEQUENCES OF THE WAR AND THEIR ERADICATION

The opening speech of the Chairman of the Committee, N.A. Semashko, was devoted to a brief report on the status of the study of the medico-sanitation consequences of the war during the period since December 1946, when the Second All-Union Conference was held. During this period, profound and broad work was accomplished on problems related to the study of the medico-sanitation consequences of the war in the Ukraine and the other republics, especially those which had suffered the Fascist invasion. At the same time, the effects of war on medico-sanitation conditions became the subject of study in Georgia and Armenia. Dwelling briefly on the achievements of individual republics and oblasts in the eradication of the effects of war, N.A. Semashko emphasized that considerable work still remained to be done which requires immediate attention, referring primarily to the study of demographic changes in the country. The speaker also stressed the fact that, at the present moment, the attention of hygienists and clinicians must be drawn to the indirect effects of war and, in this connection the problem of organizing aid to bring about complete therapy and employment for disabled veterans of World War II was an important practical task. Study of problems of the medico-sanitation consequences of the war and their eradication was organized in a comprehensive manner, and interest in this work was shared by scientific workers of various medical specialties.

M.I. Kovalenok, Minister of Public Health of the Belorussian SSR, and M. Ye. Shukhman, Deputy-Minister of Public Health of the Latvian SSR, after describing the destruction caused by the Germans, discussed methods of restoring the public health system. The speakers pointed out that, side by side with the rehabilitation of medical institutions, special attention has been given to the development of the epidemic sanitation organization.

Professor Ye. M. Delaryu gave a report on "Sanitation-Demographic Processes in the Child Population of Stalingrad During the War and Postwar Period."

In 1945 a survey was made of the physical development of 1,080 children under school age, from 3 to 8 years old, and in 1946 a second survey was carried out for the same ages and for the same kindergartens. The second survey showed an improvement in comparison with the first, in all ages and in all indexes. This improvement was manifested particularly in the survey of the same children. Improvement in physical development depended on the effectiveness of the sanitation-hygienic measures carried on daily; for this reason it was necessary for the Minister of National Education to improve the level of hygienic education for teachers who work directly with children.

M.M. Mazur, candidate of Medical Sciences, gave a report "On the Program of the Oblast's Sanitation-Hygienic Survey in Postwar Years." The speaker suggested that one of the most important tasks was to begin a comprehensive survey on a rayon-wide scale, which should include: a description of the rayon's sanitation condition; a study of various factors in the organization of public health in rayons and oblasts by comparing progressive and backward rayons; and a general evaluation of public health organization in connection with the sanitation condition of the population and the problems of further development in medical aid.

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By means of an accurate compilation of collated analytical surveys it would be possible to observe how the effects of the war on sanitation were being overcome in the various regions and oblasts as a whole.

V.C. Grazhul', candidate of Medical Sciences, gave an informative talk "On the Manner of Eradicating the Consequences of the War in Poland." Land reform played an important role in eliminating the effects of the war on sanitation conditions in the new democratic Poland. The farmers received two million hectares of land, where 350,000 farms were allotted.

Prewar Poland was an unfortunate country according to the demographic data, the birth rate diminishing from year to year. Child mortality was very high and showed no signs of decrease in the period between 1930 and 1937. The German invaders killed from six to seven million people in Poland, exterminating not only the adult population but also depriving the Polish people of their human potential by taking away all the healthy children and sending them to Germany.

The epidemical consequences of the war became evident immediately after the expulsion of the Germans. They were characterized by extremely large typhus nidi for the elimination of which the Democratic Polish Government, with the aid of the Soviet Union, and in particular the Red Cross, made available 27,000 beds and provided large-scale aid for the population. Next to typhus, the most serious sanitation consequence of the war was tuberculosis; figures for the number of victims varied from 5 to 7 percent of the population in Poland; furthermore, 8 percent of those afflicted indicated positive symptoms of pulmonary tuberculosis. The Polish Ministry of Public Health ascertained that 5,000 doctors and 2,500 members of the intermediary medical personnel were killed during the occupation. Sixty-three percent of the hospitals, 80 percent of the number of beds, and 90 percent of the health centers were destroyed, according to calculations using 1937 figures as a basis.

Debates

Professor D.V. Garfin reproached the representatives of the Ministries of Public Health of Belorussia and Latvia for their poor evaluation of the role of medico-sanitation legislation and law in the eradication of the medico-sanitary consequences of the war. Compulsory compliance with decisions of the local executive committees could play an important role in the successful solution of this problem. The experience of Moscow Oblast conclusively proved this. It is necessary at this time to raise a question regarding desirable legislation on planning and proper management of rehabilitated agricultural communities. It is expedient to formulate a detailed study of sanitation consequences of the war simultaneously with the study of Soviet medical practice during World War II.

G.L. Gmel'skaya (Sverdlovsk), in describing the types of hospitalized patients in the city hospitals of the oblast during the war years, noted that all the hospitalized cases could be divided into 14 nosological forms, a fact of special importance for public health authorities. This established the trend for specialization and training for personnel, methods for determining hospital bed requirements, and technical requirements of each and every hospital.

Professor P.A. Khvachnikov suggested a program of collated analytical surveys as one of the tasks to be undertaken next. To approve the project brought forward by M.M. Masur regarding the survey it was necessary to ask the Committee on the Study of the Medico-Sanitation Consequences of the War to recommend this.

V.A. Goryushin felt that, at present, it was necessary to proceed with the solution of a more important organizational question, namely, the division of medical institutions into temporary and permanent status. In the Institute for the Organization of Public Health of the Academy of Medical Sciences USSR, a special chart was prepared for a one-day hospital registration, and submitted

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to the Ministry of Public Health for approval.

In the eradication of the medico-sanitation consequences of the war a great role should be played by the rural medical network, through the creation of hospitals in oblast centers. The experience of Moscow Oblast hospital has demonstrated that such an organizational and clinical course for a rural network is extremely efficient.

N.M. Polinovsky stressed a very alarming fact in the report of Ye. M. Shukhman: only 13 percent of the women appeared at consultation offices at the proper time. It was desirable that the Academy of Medical Sciences USSR, with its rich network of scientific research institutes, should patronize the republics that had suffered under the occupation in order to attain first of all important educational objectives among medical staffs.

G. G. Lempert (Riga) requested the Committee of the Academy of Medical Sciences to implement immediately the expressed wish of the previous conference, that localities be advised of the systematization of data describing the medico-sanitation consequences of the war and measures for eradicating them, taking into consideration not only those tendencies that had already been arrested, but also those that continued to be detrimental to national health.

I. A. Morozynis suggested that the head of the sanitation epidemiological station should be a person who was head of a state sanitation inspection office, or else an epidemiologist, and recommended the establishment of a passport station, facilitating practical measures and improving their effectiveness.

Ya. L. Grossman pointed out that the one-day hospital registration recommended would facilitate uncovering true local conditions and that the idea of such a registration should, by all means, be supported.

Chairman Semashko, in his closing speech, emphasized the enormous importance of the work carried on by the Ministry of Public Health of Belorussia in rehabilitated medico-sanitation establishments. But, in broadening the scope of these establishments, it was necessary to improve the qualitative considerations of the service, improve the equipment of hospitals by regulating their work and accelerating the transformation from poorly rendered aid to better managed service. It was necessary to consider the rehabilitated establishments under the headings of temporary and permanent networks.

II. CARDIOVASCULAR DISEASES AS CONSEQUENCES OF THE WAR AND MEASURES FOR THEIR CONTROL

In his report on "The Influence of the War on Functional Diseases of the Cardiovascular System," Professor N. A. Kuzhakov subdivided these diseases into two groups: the group of cardiovascular neuroses, the distinguishing feature of which was the disturbance of control over the nervous system by the cardiovascular system; and the group in which disturbance of the functional system and the muscular system is predominant. The proportion of valvular diseases and, possibly, myocardial diseases were highest 1944-1945, i.e., when the country was undergoing the greatest ordeal and patients afflicted with valvular diseases went more and more frequently to hospitals. All this was a reflection of the difficulties of wartime and of their medico-sanitation consequences.

In prophylactic measures the speaker attached great importance to regime and training conditions for the patients, and urged the need of a strict individual approach to each patient. He recommended a small work-load in the beginning, to be increased gradually while reactions to the functional loads were

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under observation. The speaker attached less importance to medication.

Professor N. A. Al'bov reported on "The Influence of the War on the Frequency and Clinical Course of Cardiovascular Diseases." According to the data given by the speaker, during 1940 and 1946 the proportion of patients with diseases of the cardiovascular system diminished from 4.9 to 4.4 percent and the death rate from these diseases, from 6.9 to 5.6 percent. The speaker found that septicemia showed an increase from 14.5 to 35 percent. In the course of endocarditis in 1940, rheumatic fever complaints were predominant; in 1946 cardiac symptoms, articular degeneration was rarely observed but the course of illnesses was more serious in the sense of frequency of rheumatic heart disease. There was also a sharp rise in the number cases of hypertension: in 1940 they comprised 16 percent and in 1946 36.4 percent of all cardiovascular diseases. In 1946 a comparative "age ratio" for hypertensive cases was established; for the ages between 45 and 55 it was 32.5 percent in 1940, 44 percent in 1946.

Mortality from hypertension increased in comparison with 1940. The speaker attached great importance to mass examination of blood pressure of adults as a prophylactic measure.

Professor A. G. Tetel'baum, in his report "On the Influence of the War on the Frequency and Course of Cardiovascular Diseases," defined more exactly the question of the patients forming the predominating number of hypertensive cases and their classification according to age, profession and sex. A selective examination of a considerable group of the adult population of Moscow in 1945 (compared with 1929) showed an increase from 8 to 15.6 percent in the percentage of hypertensive cases; in the age group over 40 an increase from 22 to 33 percent was recorded. The speaker noted in passing that, side by side with research on hypertension, it was also necessary to pay due attention to hypotonia, i.e., to analyze the whole complex of dystonic conditions. The speaker ascribed to forms of hypertension a minimum pressure over 85 and a maximum pressure over 140, to hypotonic cases, a maximum of under 100 and a minimum under 50. It was necessary to define this question more exactly in accordance with changes in age. In describing the frequency of hypertension among persons of various professions, the speaker remarked that the highest percentage of cases of hypertension occurred among physicians.

The speaker stressed the necessity of a record of the whole sequence of moments in the determination of the percentage of hospital mortality in cardiovascular diseases, a record which would vary depending on whether the hospital had therapeutic branches only or branches for nervous diseases as well. Correct treatment of the causes of death was also hindered by the existing nomenclature of the causes of death in which the basic group of diseases of the cardiovascular system was treated under "other diseases of the heart."

In his report on "Cardiovascular Diseases and a Prognosis for Work During Such Diseases in the Postwar Period," Professor L. I. Fogel'son showed that not only those diseases which had increased during the war and postwar periods, but also diseases which had diminished, e.g., rheumatic ailments, should be the subject of comprehensive study by an organized committee.

In regard to the work-prognosis, the speaker felt that cases of rheumatic endocarditis, indicating a benign course with a subfebrile temperature, should not be entirely relieved from work. The speaker stressed the erroneous diagnosis of a systolic murmur as a heart disease and the diagnosis of subfebrility as endocarditis.

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After further discussion of affections of the arterial system, especially in hypertonia, the speaker emphasized the fact that there was no one generally accepted method for measuring arterial pressure. In addition he stated that evaluation of the results depended on the pressure, interpreted differently by various writers according to the class of people, profession and on climatic factors. In accordance with VITEK data, the speaker did not find among hypertonic patients any special deviations according to sex. The ability to work when hypertonic disease was present depended only on the stage of the disease; in the first stage most hypertonic patients were fully capable of working.

It was necessary to revive the work of the Committee on Rheumatism. The Committee of the Academy of Medical Sciences should regulate the complex work for a thorough study of the problem of acute rheumatism; statisticians should aid the clinical physicians in replying to the question of the degree of prevalence of hypertonic disease, and the clinical physicians should aid in explaining what a normal blood pressure is and what sort of connection exists between hypertonic disease and arteriosclerosis.

In her report of "The Influence of the War on the Pathology of Coronary Vessels," Professor Ts. Ya. Levina (Odessa) pointed out that in prewar years under the conditions prevalent in Uzbekistan, where she worked and carried on her investigations, both general and regional arterial hypertonia were encountered far less frequently than in other localities of the Soviet Union. Coronary sclerosis was discovered only in 4.2 percent of the total number of autopsies and in 15 percent of the autopsies on hypertonic patients. In sectional material, stenocardia was detected in 0.46 percent while according to data in literature on the subject, this number reached 3.45 in the USA. Infarct of the myocardium, according to sectional data, was established in only 0.4 percent. Heart failure was the cause of death in only 12.7 percent of hypertonic cases while it accounted for 50 percent in other localities in USSR. In Tashkent, during the war, hypertonic disease was encountered much more often than in the prewar period; coronary sclerosis in sectional material had already reached 6, as against 4.2 percent in 1920; younger persons died of it. Cases of infarct of the myocardium increased from 0.4 percent in 1940 to 1.8 percent in 1943. During the war, heart failure was the cause of death among hypertonic patients far more often: before the war 12.7 percent of the cases, during the war 42 percent of the cases.

Among the hypertonic patients, where death was due to heart failure, alimentary dystrophias were noted in only two of the cases examined, thus showing no significance in relation to mortality. The decisive role in the development of heart failure among hypertonics was evidently played by secondary dystrophias of the myocardium as a unit of the increase in the incalibration of both sclerotic coronary vessels and normal coronary vessels to tonic contraction during the war. In appraising a method for the investigation of the sanitation consequences of the war in the field of cardiovascular diseases and in working out prophylactic measures for them, it was necessary to attach great importance to neuropsychological factors, inasmuch as these factors continued to be active even in the postwar period.

Debates

Assistant Professors L. M. Gol'dman and M. S. Gerner, in their report, touched briefly on changes in the cardiovascular system in healthy persons. On the basis of numerous examinations of the cardiovascular system of participants in the All-Union Physical Culture Parade in 1946, they had noted that in men the pulse rate varied from 61 to 65 beats per minute and in women from 67 to 71; some existing distinctions in the pulse rate in trained and untrained persons had not been examined by the authors of the report. Furthermore, young people who are trained are distinguished by a quicker reaction, greater excitability, in physical stress. Electrocardiographic

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and X-ray examinations of participants in the Parade aroused great interest. Comprehensive data left no possible doubt as to the absolute health of the young people examined.

Docent F. Ya. Motkina stated that: cardiovascular diseases among disabled veterans of the war attending dispensaries had been discovered in 1 percent of the cases; analysis of material indicated a positive tendency towards restoration of the veteran's ability to work; 63.3 percent of these veterans were working and studying. The criterion of change in blood pressure proposed by Professor Tetel'baum was not justified diagnostically; it was complicated and faulty. The factor of unequal emotional stress was identical in managers of various enterprises, in physicians and other persons doing intellectual work.

Professor I. D. Strashin stressed the fact that from personal observation experience in the days of the siege of Leningrad, the neuropsychological factor, typical both for men and women, whether old or young, played an immense part in the development of hypertonia during the blockade. Nervous tension remained a factor, active for a long time, contributing indirectly to the medico-sanitation consequences of the war. The decisive moment in the study of these consequences was the explanation of the complex observations of all trends by clinicians and hygienists with an especially detailed account of the psychological state of patients.

Docent Ya. S. Rabinovich considered Professor Tetel'baum's position erroneous in holding that blood pressure reading over 140 was pathological and indicated the beginning of hypertonia: such pressure for an old man is not pathological. It would be more accurate in establishing criteria for the maximum of blood pressure to make use of a method, proposed a long time ago for the study of normal blood pressure, in the following manner: take 120 as the initial reading, and add to it the age divided by two.

The chairman, Professor P. A. Kuvshinnikov, remarked that the most positive moment in the matter of eliminating the medico-sanitation consequences of war was the declaration of the basic position of the speakers in the section of cardiovascular diseases. It had proved desirable to raise the question of cardiovascular diseases being considered as medico-sanitation consequences of the war in a more widely attended meeting of the Presiding Council of the Academy of Medical Sciences so that, as a result of such discussions, an organization might be created to coordinate the study of problems not only in regard to hypertonic disease, but to all cardiovascular affections, and, in particular, to devise measures for their prophylaxis.

III. TUBERCULOSIS IN THE POSTWAR PERIOD

I. I. Lyvvinovskiy, in his report on "The Control of Tuberculosis During World War II and in the Postwar Period," described the rehabilitation and development of antituberculosis establishments.

The network of dispensaries, cut down at the commencement of the war, is beginning to be restored little by little. During 1942, 95 dispensaries were opened; 190 more in 1943, 487 in 1944 and 211 in 1945. Although there were only 750 dispensaries on 1 January 1945, by 1 January 1946 the number had reached 1,638. The number of beds in hospitals and antituberculosis institutions in 1945 was 40 percent greater than in 1940.

Antituberculosis establishments were restored quickly in the Ukraine, somewhat more slowly in Belorussia. The greatest wartime achievement was the opening of a network of institutions to improve sanitation conditions

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for tubercular children, which enlisted pediatricians in the early discovery and control of tuberculosis. The increase in the number of vaccinations, which reached 204,604 in 1945, and the antituberculosis vaccination for older children, were of great importance. At the end of 1945 the Ministry of Public Health USSR began to organize hospitals for tubercular veterans of World War II.

However, neither the qualitative nor the quantitative aspects of the fight against tuberculosis was as yet on a proper level. Many tuberculosis establishments in liberated oblasts were not as yet provided with suitable accommodations, the number of X-ray machines was inadequate, the specialists were not well qualified in diseases allied to tuberculosis, especially in the early discovery of tubercular diseases. Sanitation-epidemiological organizations concerned with the control of tuberculosis were only loosely connected and slow progress was made in the restoration in the villages of medical sanitariums for pulmonary tuberculosis.

In his report on the "Peculiarities in the Course of Tubercular Diseases During the War and in the Postwar Period," based on voluminous clinical material, Professor A. Ye. Rebukhin noted two waves in the tubercular curve and described the gravity of the course of these diseases. He stressed the necessity of decreasing death and morbidity rates from tuberculosis in the first years after a war, because this determines its dynamic force in the future.

It is more necessary now than ever before to face problems of housing and nourishment in the battle against tuberculosis in daily life and in industry; to provide recreation, physical culture and food for school children. The most important practical problems include early discovery of tuberculosis, timely hospitalization of the sick, development of prophylactic measures against tuberculosis as an infectious disease.

Professor V. A. Sakennikov, in a report on the "Peculiarities of Tubercular Affections in Odessa in the Postwar Period," showed that the death rate from all forms of tuberculosis indicated a tendency to decrease in 1946, and that the general indexes did not reveal the existing changes in the death rate from tuberculosis in the years of war and after the liberation of Odessa. Compared with 1945 the average morbidity rate in 1946 was lower as a result of the decrease in the indexes among children up to 3 years of age and from 12 to 15 years old. The inadequate quarantine system and lack of beds for germ-carriers increased the danger of an epidemic for the child population. As a result of the intensive restoration of the antitubercular network in 1947, outpatient dispensaries were opened fully, hospital-type beds 58 percent, sanatorium-type beds 50 percent. Among prophylactic measures the speaker gave first place to Calmette's method of vaccination. The speaker discussed living conditions, still far from satisfactory, and the danger of epidemics, investigation of which he considered a problem inseparable from those of the whole antituberculosis organization.

Docent I. I. Vil'nyanskii, in a report on "The Sanitation Consequences of the War and the Occupation in Relation to Tuberculosis in Khar'kov," gave a clear picture of the destruction of its antituberculosis organization wrought by the Germans.

Tuberculosis dispensaries began to function in 1944 immediately after the liberation of Khar'kov, but as this work had not been adequately evaluated the speaker was able to give only dispensary data showing the morbidity rate from active forms of tuberculosis. Using 100 for 1944, he found the number of registered patients in 1945 to be 91.1 percent; in 1946, 98.9 percent. The morbidity rate for positive pulmonary tuberculosis in 1946 exceeded the 1939 rate by 18.2 percent. The proportion of men showing positive symptoms of the disease was higher than that of women. The death rate among bacillary patients, compared with 1939, showed a sharp rise in 1944; in 1945 it was somewhat lower; still lower in 1946, but higher than in 1939.

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An investigation carried out by the speaker to determine the changes in tubercular cases in a rural population, showed that the number of cases had doubled in 1946 in comparison with 1933. This demonstrates the increase of serious, current forms of primary tuberculosis compared with those in time of peace.

In 1942-1943, as a result of conditions created by the Occupation, there was a very high death rate among those suffering from tuberculosis, most of whom were seriously ill, and who, at the time of the mass evacuation, were not in a position to leave town or go to the nearest rural rayons. These sick people inevitably were victims of the Occupation regime.

Professor Ye. E. Ben and Docent M. L. Gol'farb, in a report on the "Sanitation Consequences of the War in Relation to Tuberculosis in Leningrad and Measures for Eradication," stressed the morbidity rate of the population of Leningrad under war and blockade conditions, when the composition of the population varied considerably as to age and sex, and the condition of the population deteriorated sharply due to lack of food, transport, etc. By the second half of 1941 a considerable increase was noted in the death rate of the population from tuberculosis which reached its maximum in 1942. In the first half of 1944 a decrease already had been observed. Due to an intensive campaign for improvement in housing, living conditions, and in nourishment, and to government care of the Leningrad population, the morbidity of tuberculosis was lower in 1946 than at the beginning of 1941; the mortality rate also declined and approached the prewar level.

The authors of the report considered unfortunate, the question about the training of practical nurses, for whom, evidently, no proper provisions had been made and whose work was not sufficiently appreciated by tuberculosis dispensaries. The latter forgot that it was really upon these nurses that the quality of the care for the sick depended in many respects. Much attention should be devoted by the whole medical network, through comprehensive medico-sanitation measures, to the early discovery of tuberculosis, in which an important role should be played by institutions for infant and maternity welfare since comprehensive vaccination of newborn infants depends primarily upon these institutions.

In a report on "Basic Measures in Controlling Medico-Sanitation Consequences With Regard to Tuberculosis in Moscow," I. B. Baylin, Doctor of Medical Science, and N. A. Mayarkov showed that these basic measures consisted of enlisting all Public Health networks and a person-by-person vaccination according to Calmette's method. At the present time 90 percent of the newborn are already included. In the early discovery of disease an important role can be played by group observations of the population. Tubercular patients, brought to light through such observations, are extremely dangerous in an epidemical sense. The question of quarantine is also of primary importance in the control of tuberculosis as an infectious disease. To lower the number of germ carriers artificial pneumothorax could be widely used.

Debates

M. A. Klebanov, Doctor of Medical Sciences, suggested that, in spite of the difficulties in living conditions, especially in the oblasts which had been under Occupation, it was possible, while promoting the activity of the rayon soviets, to find resources for improving sanitation conditions in tubercular-aid. In the improvement work an important role was played, and should be played by practical nurses, who should be accorded the same status as assistants to sanitation physicians.

M. L. Avgushevich, candidate of Medical Sciences, presented data of an investigation in one of the towns of the Moscow oblast where all requisite methods and means, including fluoroscopy, were applied in a person-by-person examination of the population of the town in order to discover tubercular

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cases. The newly discovered cases numbered 38 percent in relation to patients registered earlier; the number of bacillary patients was comparatively small, 8-9 percent of those found to be affected. Thorough mass investigations, no matter what organizational difficulties had to be surmounted in the work, would be fully justified by the discovery of early forms of tuberculosis.

M. I. Oyfedaikh, Doctor of Medical Sciences, considered tuberculosis one of the most grievous sanitation consequences of the war. The greatest possible active participation of all sanitation organizations in carrying out prophylactic measures in the control of tuberculosis is indispensable. It is also necessary to place the discovery and medical treatment of tubercular cases on a large-scale basis in rural localities.

The Chairman, N. A. Semashko, in his closing speech, pointed out that the prevalence of tubercular cases among men, in comparison with women, was not a biological peculiarity of the male organism. There is no proof that women are more immune to tuberculosis than men. The question cannot be solved by statistics. Clinical physicians will have to solve it. It must be recognized that social-hygienic factors brought about the high rate of tuberculosis in the male population, and not biological factors. The most important organizational question for the solution of problems in the control of tuberculosis include: quarantine for germ carriers; accurate registration of cases; execution of special antiepidemic measures, particularly disinfection. The voice of experts on tuberculosis should be heeded in providing a housing program. Authorities of local organs could do much through special instructions that would be of particular value in facilitating the solution of control of tuberculosis in the village.

Every antituberculosis organization should bear in mind the road it had traveled in the years of socialist construction, and remember that it was the tuberculosis organizations which were the pioneers in the dispensary method of combating social diseases in the USSR.

IV. CLINICAL COURSE, MORBIDITY AND DEATH RATES OF CANCER CASES DURING THE WAR AND POSTWAR PERIODS

In his opening speech devoted to the problem of scientific research work in the field of cancer, considered as a sanitation consequence of the war, Professor L. M. Fiksdal showed that increase in the death rate from cancer might be explained, first of all, by the destruction of the network of oncological institutions which prevented registration and treatment of cases whose lives might have been prolonged had they received proper attention during the first years of the war. During the war, there was an increase in the number of applications for treatment on the part of cancer patients in a neglected state, which impeded medical aid, especially difficult in cases of neglected forms of cancer. Remote consequences of the war relating to cancer could be late reporting since a protracted latent period precedes malignant neoplasms. This had been demonstrated not only clinically, but also by statistical research, especially in the field of professional hygiene. This latent period in persons may last from 8 to 10 years, a fact corroborated by investigations of the rise of cancer among physicians working in X-ray rooms and also by the increase in 1923, after World War I, in the number of cases of mild cancer. The speaker did not feel that his theses were conclusively corroborated by clinics, experiments or statistics; they only marked the path for a comprehensive scientific research method working out the problem of cancer considered as a medical-sanitation consequence of the war, which doubtless would have great practical significance in combating malignant neoplasms.

In a report on "The Influence of World War II on Morbidity and Death Rates From Cancer and the Dynamics of Anticancer Methods in Leningrad," Professor

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A. A. Epahtein, N. P. Dmukhovskaya and N. N. Nagnibeda brought forward data of 20 years on the remote effects of medical treatment of the major forms of cancer in the Oncological Institute of the Academy of Medical Sciences. These effects depended chiefly on the state of the disease. Of those treated while in the first stage, 53.4 percent were considered arrested cases for over 5 years; in the second stage, 7.3 percent. In the postwar period the number of neglected forms of cancer increased, especially cancer of the stomach, a fact which is explained by the lack of attention paid to health by the Leningrad population during the war, especially in the days of the blockade. In the blockade period, the death rate from cancer decreased; in the postwar period it rose again but this rise was only ostensible, as it coincided with the expansion of oncological centers and was in basic agreement with the increased applications for treatment and the early diagnosis of cancer of the internal organs.

The authors of the report attached great importance to prophylactic examinations by which it was possible to preserve the quality of profound research, and at the same time diagnose the case thus providing early therapeutic intervention.

In his report on "Sanitation Education in the Fight Against Cancer in Postwar Years," L. S. Bogolepova showed that the nature of anticancer propaganda was determined by the simultaneous achievements of the medical sciences, in particular, of oncology. In connection with the fact that clinical physicians are working on the problem of "precancer" conditions, a need has arisen for publicity regarding cancer prophylaxis and prevention of the transition of precancer conditions to cancerous affections. Widespread sanitation education of the population did not cause apprehension by arousing extraordinary fear of cancer. Sanitation-educational work in the fight against cancer necessitated the enlistment of doctors in women's consultation offices, and the staff of the Red Cross and the Red Crescent. It has been proposed to enlist young people in the anticancer fight, and especially, to give school children in advanced grades the necessary information about cancer and measures for combating it.

Debates

Professor Kh. Kh. Vladov, in his opening remarks, threw light upon the problem of tumors of the blood producing organs and their place in the study of the cancer problem. He emphasized that approximately the same conditions existed in the rise of leucoses and of cancer. Wartime conditions might contribute to the rise of provocative factors, as a result of which there might even be an increase in the frequency of incidences of a combination of a whole series of illnesses with leucoses. The mortality rate in tuberculosis, in particular, showed without doubt an increase in wartimes and this may be attributed to the development of leucosis.

Professor A. N. Rubakin gave an illuminating account of the problem of cancer in foreign countries. The fight against cancer in America was accompanied by widespread propaganda. Since 1943, there had been created in the US public health department a cancer institute, headed by a military-sanitation staff under whose authority both military and civilian institutions operated.

In England, since 1943, there has been a special consultative committee for the fight against cancer and in two great centers a unified system of registration has been worked out for cancerous diseases. In France also a state institute to combat cancer was created soon after World War I. Data defining the status of this problem in other countries, especially in neutral countries, were not sufficient to permit stating with confidence that the war had had a direct influence on the increase in the death rate of cancer and that

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cancerous diseases should of necessity be included in the number of sanitation consequences of the war.

S. L. Tapel'zon, candidate of Medical Sciences, stated that among the rural population anticancer measures were carried out inefficiently.

Professor I. D. Strashun emphasized that, while agitating for earlier consultation with doctors by the sick, it was also necessary to consider the degree to which these doctors were prepared for the diagnosis of cancerous diseases. Propaganda should operate in the following directions: an appeal to consult a doctor on the appearance of the first symptoms; propaganda in medical institutions, in reception rooms of outpatient departments, polyclinics and dispensaries and, finally, and most important, propaganda in the doctor's office. Sanitation-education work should be carried on constantly, in an orderly fashion, not by recourse to so-called "weeklies" or "semi-weekly papers."

Professor D. V. Gorfin demonstrated that it is necessary for the Institute for Sanitation Education to provide doctors with data on methods, in the form of leaflets and tables, showing propaganda procedure against cancer. It is necessary to distribute films dealing with the problem of cancer, to enlist anew the organized Society for the Propagation of Political, Socialist, Economic, and Hygienic Knowledge in propaganda work for enlightenment about cancer. But, in his opinion, it was not necessary to enlist school children in this work.

Professor G. A. Batkis showed that as yet no methodic connection in working out questions of morbidity and death rates, particularly of cancer, had been established between clinical doctors and hygienists. Along the line of prophylactic measures, it was necessary to extend the work of the district sanitation doctor. It was necessary constantly to bear in mind the importance of the dispensary method in daily work. Prophylactic examinations were only part of the dispensary work; they should be conducted in a comprehensive manner, taking precautions to see that those cases discovered received the requisite medical aid. Sanitation doctors should study the morbidity rate among the population in their charge.

Replying to the question whether traumata produced by actual gunfire influenced the rise of malignant tumors, cancer in particular, Professor Ya. M. Bruskin stated that military hospital material, covering a number of years, did not show an unusual number of cases of cancer. The latent period of cancer, more correctly considered a precancer period, was accompanied by definite pathological manifestations, but the question of precancer conditions had not as yet been studied sufficiently to judge by what routes precancer states led, in the long run, to cancer. In regard to cancer of the mammary gland it was possible to consider that the precancer state was connected with a disturbance of the hormone function. The influence of war upon the health of women, who bore a great burden in the defense of the country, must be studied. The basis of practical measures in combating cancer, particularly cancer of the mammary gland, should be the medical-prophylactic establishments, outpatient centers, polyclinics and the district doctors. In business houses and industries where a large number of women were concentrated, prophylactic examinations should be given every 6 months.

M. H. Nazur, candidate of Medical Sciences, felt that, in determining the morbidity rate of cancer, it was not possible to take as a basic data on the death rate, inasmuch as those data show results of the more serious cases. Among cancer patients, according to the researches of Moscow authors, cancer of the skin and of the mammary gland was present in 55 percent of the cases, but in cases of death had a very insignificant place. Improvement in statistical investigations in the field of cancer was a problem of greatest importance.

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The Chairman, N. A. Semashko, in summarizing the speeches and debates on the question of the influence of the war on the clinical course of the morbidity rates and death from cancer, stated that doubtless the war had exerted an influence on the morbidity rate. There was a change in age and sex of those affected. There was also a change in the pathology of cancer, in which special significance should be attributed to the neuropsychopathic factor. Cancer was a common disease and the disturbances undergone by the body in wartime doubtless contributed to the rise of cancerous diseases. Further development of the social battle against cancer should proceed through the comprehensive efforts of workers in the various branches of medical science, including biochemists and microbiologists. Progress in the battle against cancer is possible only through the efforts of all the medical networks, by providing theoretical knowledge as a weapon for practitioners, especially doctors in rural institutions. Steps should be taken for the widest possible publication of text books which would be accessible to the great masses of doctors. The whole medical network should be enlisted in putting into practice the anticancer measures accumulated by the Soviet Public Health Department during the 30 years of its existence.

V. ORGANIZATION OF AID FOR DISABLED VETERANS OF WORLD WAR II

In his report on the "Status of Service to Disabled Veterans of World War II in the Postwar Period," K. K. Solomatn gave a detailed description of the work in plastic surgery for the disabled war veterans, organized and managed by the Ministry of Public Health USSR, peripheral scientific research institutes of orthopedics and rehabilitation surgery, and in cooperation with the Central Institute for Traumatology and Orthopedics of the Ministry of Public Health USSR. Most of these military hospitals developed from former evacuation hospitals; but have been provided with medical instruments and equipment, thus completely guaranteeing their efficiency. Only individual plastic surgery hospitals experience shortages in personnel. Selection of disabled veterans and channeling them to medical treatment in oblast military hospitals was effected by medico-selective committees. These committees had their branches in the form of rayon medico-selective committees, through which the medical divisions send those in need of treatment to plastic surgery hospitals.

In 1946, about 20 percent of the disabled veterans under consideration received a complete course of treatment, 10 percent required repetition of the treatment, and 25 percent were still under treatment at the beginning of 1947; thus 47 percent of the disabled veterans did not go through the course of treatments in military hospitals. Since this was a new undertaking and there was only meager information about the hospitals in the possession of medical institutions and the patients themselves, it led to a low work-load for the hospitals. Among those suffering from wounds 46 percent were in need of surgical and orthopedic aid; among those in need of therapy, first priority went to those requiring special antituberculosis treatment. According to clinical results, during 1946 recoveries were noted in 32 percent, improvement in 51 percent, discharge without clinical improvement 16 percent; of the total number discharged, 78 percent were able to work; in 13 percent of the cases there was still a prospect of the restoration of capacity for work; those consistently unable to work amounted to 7.8 percent. The term of treatment in military hospitals averaged 59 days for discharged patients. More than 150,000 disabled veterans were treated in the civilian medical hospitals during 1946; rehabilitation treatment of all veterans who need it should be completed in these hospitals by the end of the current Five-Year Plan.

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V. D. Chaklin, Corresponding Member of the Academy, in his report on "Rehabilitation Surgery and Prosthesis in the Elimination of Postwar Trauma," emphasized that he treated the problem of the rehabilitation of a function not only as a problem of great technical importance, but also of serious practical significance. After stating in detail the theoretical aspects of his original concept of the rehabilitation process in bones, the speaker said he preferred transplantation of living bone; an auto-transplantation of the substitute or dead bone, especially in those cases where there was need not only of fixation, but also of materials or stimuli for regeneration. Together with his co-workers, in war years and in the postwar period, the speaker had proved theoretically and verified practically a new method of intra-extra-medullary osseous plastics, proving the effectiveness of the method even in cases of earlier infection; he preferred this Soviet method as more effective biologically and clinically than the American method of fracture reduction by the aid of metal plates.

Rehabilitation therapy in injuries of the peripheral nerves was based on utilization of the remaining functions and on replacement of a lost function of the muscles by aid of similar tissues. The speaker showed that, in his practice, an attempt to lengthen the limbs had been fully justified; attempts were being made to lengthen stumps for more comfortable utilization of prosthesis; kineplastic operations had led surgeons to the idea of controlling prosthesis by the aid of the muscles. To the honor of Soviet master prosthetic surgeons, it should be said that they had achieved great success in the construction of prosthetic appliances in complicated multiple amputations of the limbs.

In injuries of the spine and the spinal cord, the attention of physicians was concentrated chiefly on trophic symptoms and bedsores, disturbances of the sphincter or detrusor urinal and paralyses. In this period, however, proper orthopedic measures play an important part. In the speaker's clinic, operative intervention in similar injuries is carried out not on the spinal cord but on the periphery; this procedure, worked out on a series of patients, both adults and children, gave satisfactory results. The speaker illustrated his talk with a series of very convincing demonstrations.

M. K. Yashiah, candidate of Medical Sciences, in his report on "Rehabilitation Therapy for Protracted Forms of Neuropsychopathic Invalidism," based his observations on 1,000 critical cases under treatment in the Moscow Psychoneurological Military Hospital. The processes of medical treatment, work, and the educative measures applied in the military hospital produced an improvement in 60-65 percent, and achieved significant improvement in 40-45 percent. Furthermore, discharged patients of the third class, 25-30 percent, were included in productive labor and kept at work; in the second group there were only 10 percent of such patients on the lists and 24 percent in the first months of 1947.

D. G. Zhuchenko, candidate of Medical Sciences, in his report "On Definition and Therapy of Various Consequences of Trauma of the Peripheral Nerves of Disabled Veterans," announced the results of examination of 120 disabled veterans, 75 of whom received hospital treatment at the Institute of Neurology and 45 at the Polyclinic Institute. The speaker felt that an injury to a peripheral nerve was not an affection of any one nerve but an affection of the whole functional system--the extremities as a whole, and, in this system the injury of the nerve formed only one of the numerous links associated with the functions of the extremities (Ignatov). Neurosurgeons in the first period of the war were concerned with restoration of the conductivity of the injured nerve, and regeneration of the nerve trunk. To a lesser degree they were concerned with the prophylaxis of the secondary processes which complicated the trauma. Now, however, the tendency is towards the elimination of all defects of all the extremities, towards comprehensive auxiliary measures; therefore the majority of the patients need general orthopedic and clinical measures rather than operation on the affected nerve trunk.

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In his report entitled "For a Definition of Invalidism Among Women Participating in World War II," Ya. I. Grossman, candidate of Medical Sciences, noted a number of peculiarities differentiating the invalidism of women who served in the war from the invalidism of men. As the basis for a detailed study of the causes and types of invalidism among women participants in the war, the speaker thought that medical standards for acceptance of women in war service should be reconsidered, taking into account their whole somatic, nervous and gynecological status and that the types of work to which a woman could be admitted in the Soviet Army should be strictly established.

Debates

R. M. Gladshteyn, candidate of Medical Sciences, gave an account of the result obtained in Moscow in 1946 by the dispensary method for disabled war veterans. The dispensary method took in 83 percent of the disabled war veterans registered in the city. Diagnostic data received in 1946 were compared with similar data in the establishment of invalidism. For a more profound treatment of the matter 30,000 investigations were registered on special charts, of which 88.9 percent related to wounds and contusions and 11.1 percent to diseases. In the second investigation it was shown that osteomyelitis had decreased to 30 percent, nonhealing ulcers to 35 percent, while contractions and restrictions of movement in the joints increased to 60 percent, ankylosis to 25 percent, defective fracture reduction to 35 percent. Seventy-six percent were in need of medical treatment. It was ascertained that there was an increase in the number of patients in the third group who were able to work and a decrease in the first and second groups.

Professor Ya. M. Brusilov pointed out that a military hospital for surgery rehabilitation should be, not a hospital for rehabilitation operations, but an institution for the restoration of health and working capacity of patients. According to data from investigations obtained at Moscow, the quality of the medical treatment was not perfect: a second operation was required in 72 percent of the cases. Surgical treatment of stumps after amputation was also far from perfect; in 54 percent the necessity for a second operation also arose. Old cases of osteomyelitis were characterized by scleroses, in which the sclerotic mass, although apparently a splendid barrier against infections, represented, at the same time, an inert osseous mass which possessed no regenerative working capacity. The unsatisfactory result of operations on stumps is explained by the inadequate treatment of the nerves, although the method previously proposed by the Burdenko Academy was very effective and should have been applied in practice. A second problem in the treatment of stumps was the elimination of scars which did not permit the correct use of prosthesis. The closest possible connection should be established between military rehabilitation hospitals and institutes for prosthetics.

Dr Babusheva spent some time on problems of the organization of work and working arrangements for patients in the second group, a considerable part of whom were working and did their work well. In this group of disabled veterans there was a large number of young people among whom the possibilities of regenerative processes and of functional rehabilitation were excellent. The problem of arranging work for disabled veterans, especially for those seriously disabled, is fairly complicated; it should be solved by the united efforts of social service organs and public health institutions.

E. M. Gornetskiy, candidate of Medical Sciences, reporting on the results of a complicated investigation, conducted under the supervision of Professor N. G. Rufenov, of 240 disabled veterans of the war, 66.6 percent of whom had suffered from chronic osteomyelitis, pointed out the need

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for more comprehensive therapy of osteomyelitis from gun-shot wounds. Sensitizing therapy, especially the health resort factor--the mud-bath treatment--was of great importance. While operation produced recoveries in 13 percent of the cases when combined with the mud-bath treatment it produced recoveries in 46 percent.

Candidate of Medical Sciences Stepanyan, who had studied the functional condition of the liver in disabled war veterans suffering from sepsis, in the biochemical laboratory of the clinical surgeon, G. I. Ruginov, demonstrated that a disturbance of the process of metabolism as a constant phenomenon had been observed, if a chronic infection (osteomyelitis, nonhealing wounds) were present. Restoration of the biochemical processes of metabolism in these cases progressed very slowly, hence it was worth while to use appropriate methods of medical treatment, especially the introduction of albumins, vitamins and mineral salts into the food.

Candidate of Medical Sciences Remizova felt that everyone who suffered from battle trauma or became disabled, bore traces of this wound and, later on, this earlier condition might reappear on the clinical chart of a new disease. For this reason the inclusion of the psychological factor in therapeutic treatment has acquired great significance and such a comprehensive method should be employed in all military hospitals concerned with rehabilitative therapy for disabled veterans.

Dr Rapoport reported that neuropsychopathic diseases are one of the grave consequences of the war. Physical wounds heal, but mental disturbances may reoccur in the course of years. Medical treatment would make better progress if special neuropsychopathic military hospitals were created, since civilian psychopathic hospitals are not always equipped for proper treatment of borderline cases who need the simultaneous surveillance of a therapist and a neuropathologist. To place them in the same surroundings as drug addicts and similar patients is inadvisable.

Professor Fel'dman pointed out that conditions in clinics for neuropsychopathic patients stood out markedly. Acquaintance with new functions, as promoted in military hospitals, is not sufficient. It is necessary to take up the question of mental hygiene, psychophylaxis, and the dispensary type of treatment for outpatients of military hospitals, because collapse and loss of compensation, due to increased activity, might occur among these patients at any time.

Chairman Semashko, after summarizing the reports and debates on the question of aid for disabled war veterans in the postwar period, indicated that satisfaction of the needs of disabled veterans in regard to medical treatment was unequal. It was more complete in cities and urban centers and less satisfactory in rural regions. This should be taken into account in connection with the fact that the longer the time since the date of the wound, the greater the difficulties in providing the restorative medical treatment. Military hospitals for treating disabled veterans of the war still have before them a very great amount of work, which generally is not possible to introduce into civilian hospitals. It is necessary not only to get rid of the idea of eliminating military hospitals for the medical treatment of disabled war veterans but to improve their work in every way.

After summarizing all the work accomplished by the Third Conference for the Study of the Medico-Sanitation Consequences of the War, Semashko emphasized that all the questions included in the agenda of this conference had been discussed in a comprehensive manner, inasmuch as public health organizers, ignorant of the clinical nature of disease, could not provide adequate organization of medical treatment for the population. At the same time, clinical physicians, not interested in adequate organization of medical treatment, who failed to analyze the social-hygienic nature of clinical

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procedure were not in a position to provide adequate medical treatment. It is indispensable to be adequately informed on specific problems by applying statistics to clinical research. To facilitate this task, there has been created in the Academy of Medical Sciences a special group under the direction of P. A. Kuvshinnikov to provide opportunity for consultation on all questions concerning the statistical preparation of clinical material. Such consultative work is urgently needed by public health organizers who cannot solve correctly the problems placed before them without a correct analysis of the morbidity rate in the population, based on complicated research. And in this sense, the Third Conference for the Study of the Medico-Sanitation Consequences of the War is on the right road.

Semashko expressed his gratitude to those participating in the conference, and appealed to all the medical workers in various specialties to aid in the complex work, and to promote theoretical and practical medicine for the good of Soviet science and for the good of the Soviet people.

The participants in the Conference expressed the warmest approval of the appeal made by Conference Director Semashko.

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